

I. Personal Information (Name as it appears on your government issued, photo ID)

First Name _____ Last Name _____

Date of Birth _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

Email _____

Phone Number: Daytime _____ Evening _____

II. Current Qualifications - College Degree or NCCA Accredited Certification Required

College _____

Year graduated _____ Major _____ Degree _____

Current NCCA Accredited Certification (include #) _____

Sport Nutrition Specialist Exam Fee \$249.00

Method of payment:



Discover VISA MasterCard AMEX Check/Money Order

Account No. _____ Exp. Date _____

Name on card if different from above _____ CID _____

3 Easy Ways to Register:



Ponce de Leon Blvd #60
Coral Gables, FL 33146



305-666-3945
Fax Line



1-800-772-NCSF
9 AM - 5 PM EST

Send Payment to:
National Council on Strength & Fitness
5915 Ponce de Leon Blvd. Suite 60
Coral Gables , FL 33146

Cancellation Policy: The NCSF-SNS Exam fee is non-refundable and non-transferable.

Signature _____ Date _____

